Gradenigo (*loc. cit.*) opposed irrigation of this region either before or after operation, especially in children, since, on account of the width of the Eustachian mouth in them, the injections easily enter the middle ear and set up an otitis media. As "blood is certainly the best of antiseptics," it should be allowed to flow, in reason, after operations. In these views Gradenigo was sustained by Brieger. Moure, however (*loc. cit.*), did not share the fears of Helme regarding infection of the lacerated tissues in the nasopharynx by the index-finger of the operator.

The Thyroid Gland and the Middle Ear.

Spear (*Boston City Hospital Med. and Surgical Reports*, 1896) claims, as a result of his own observations, that the thyroid gland is "the centre of a nervous system which controls, through connections with the sympathetic ganglia and distant nerve-centres by a peculiar inhibition, all the blood-vessels and the centre of the circulatory system, the heart itself." He gives a number of cases tending to prove that frequently aural symptoms—tinnitus and deafness—accompanied by enlargement of the thyroid, are due to diseases of this latter organ, and are relievable more or less entirely by hot-water applications to the thyroid gland. This treatment relieves the congestion and stasis in this gland, as well as these conditions in the turbinates and Eustachian tube, brought about by the engorged state of the thyroid. In this way he frequently relieves tinnitus and deafness, concomitant neurasthenia being combated by proper remedies.

Ferreri (*V. Internat. Otol. Congress: Annales des Mal. de l'Oreille*, vol. xxii.) has shown that the predominant senile change in the middle ear is atrophy of the bone, particularly of the ossicula, the most important elements in the transmission of sound. In no instance (201 old persons) has he found primary lesions of the labyrinth. The deafness of old age, he concludes, is not due to changes in the middle ear similar to ordinary sclerosis, but rather to a primary lesion of the joints of the auditory ossicles, the result of trophic nerve-changes.

In the discussion following (*loc. cit*) **Gradenigo** claimed that senile deafness is due to a general senile involution extending to the sound-transmitting rather than to the sound-perceiving apparatus.

Politzer claims that the deafness of old age is due to osseous changes around the oval window, while **Masini** (*loc. cit.*) agrees with the views of Ferreri as given above.

Aural Vertigo and So-called Ménière's Disease.

MacNaughton Jones (*British Med. Journ.*, 1895, No. 23) describes a case of apoplectiform, labyrinthine vertigo, and limits the term Ménière's disease to such an affection. The term Ménière's symptoms may be applied to vertiginous conditions evoked by middle-ear disease. In these views he is upheld by **Pritchard** and **Barr** (*loc. cit*). The same suggestions were made by C. H. **Burnett** in 1882 (*Philadelphia Medical Times*, June 3d).

Hyperæsthesia acustica may exist in connection with ear-vertigo, as in a case reported by MacNaughton Jones (*loc. cit.*).

Lemairey (*Ann. des Mal. de l'Oreille*, vol. xxi.), by the administration of pilocarpin in a case of Ménière's labyrinthine disease, abrogated the vertigo and increased the hearing. Relapses occurring one and then three years later were cured by quinine, according to the method of GELLÉ (*Annales des Mal. de l'Oreille*, vol. xxii.). According to Gellé (*loc. cit.*), "the premonitory sensorial phenomena, either sensory or motor, of an attack of ear-vertigo show that irritations of the auditory nerve produced in man not only various perturbations of equilibrium and of movements which have been studied and are well known, but also they act upon the psychic centres and provoke veritable hallucinations of sense and motion which only clinical observation can disclose to the physician."

OBJECTIVE NOISES IN THE EAR.

KAYSER (*Archiv f. Ohrenh.*, vol. xxxix.) divides objective aural sounds into two kinds—vascular and muscular. RANDALL (*Coll. Phys.*, Philadelphia, 1896) and CRESSWELL BABER (*Brit. Med Journ.*, 1895, vol. ii.) report cases of objective pulsating tinnitus. TOMKA (*Archiv f. Ohrenh.*, vol. xxxix.) and SCHWAGER (*Monatsschr. f. Ohrenh.*, February, 1896) report cases of objective noises in the ear, probably due to spasmodic contractions of the tensor veli muscle.

EPILEPSY FROM EAR DISEASE.

VERDOS (*Ann des Mal. de l'Oreille*, vol. xxii.) maintains that in epilepsy *ab aure læsâ* there is a characteristic aura beginning in the auditory apparatus, as shown by him in 1891. In fact, he asserts that every epileptic in whom the aura begins in the ear should be examined by an aurist. In some cases, however, of manifestly aural epilepsy the aura does not start in the ear, but in one of the extremities. Later it appears in one ear, to which fact the patient may draw the physician's attention, as shown by Verdos. This is a very valuable diagnostic sign.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

J. SOLIS-COHEN, M D.,
OF PHILADELPHIA.

A CASE OF LYMPHADENOMA OF THE NASAL FOSSA.

In a Bordeaux Thèsis, DR. DE LA BARRIERE describes such a case (*La Pratique Médicale Journal des Maladies des Oreilles, du Nez et du Larynx*, 1896, No. 18). This neoplasm presents pretty much the same symptoms as do other malignant growths of the nasal fossa, and with a clinical history and a histological constitution identical with those of lymphadenomas of other

CANINE EPITHELIOMA OF THE PHARYNX.

DR. PEGLER (*Ibid.*) exhibited a specimen in which, with the exception of a slight difference in the shape of the cells, the features presented in the section were similar to those found in the human subject.

FOREIGN BODIES IN THE UPPER AIR- AND FOOD-PASSAGES

At the recent meeting of the Laryngological Society of London (*Journal of Laryngology, Rhinology, and Otology*, 1896, No. 6) a discussion well worth reading took place, which was participated in by DR. SCANES SPICER, MR. LAWRENCE, DR. A. A. KANTHACK, DR. LAMBERT LACK, MR. CRESWELL BABER, and others.

ANEURISM OF ASCENDING PHARYNGEAL ARTERY.

Most all the cases of this anomaly occur in females. At a late meeting of the New York Academy of Medicine (*Journal of Laryngology, Rhinology, and Otology*, 1896, No. 6) DR. SHARP presented a case in a female patient, fifty-five years of age.

DR. WRIGHT mentioned that he had seen two cases; one in an old woman and the other in a young woman.

DR. MYLES stated that he had a case under observation somewhat similar to the one presented, in a man about sixty years of age. The vessel was straight and hard. The patient had general arterio-atheromatous degeneration.

HAY-FEVER.

DR. SETH SCOTT BISHOP, of Chicago, contributes (*The Laryngoscope*, July, 1896, No. 1) an article on hay-fever and its successful treatment, the principal point of which is the recognition of the uric acid diathesis as a remote cause, which he combats with the administration of dilute sulphuric acid or of Horsford's acid phosphate. Topically, he recommends a camenthol inhaler—a glass tube packed with camphor and menthol.

PHOTO-FLUOROSCOPIC PICTURES OF THE LARYNX.

In the first number of *The Laryngoscope*, a new journal published at St. Louis, Mo., July, 1896, the initial article is one on the photo-fluoroscope, contributed by DR. J. MOUNT BLEYER, of New York, the paper having been originally communicated to the Royal Academy of Medicine and Surgery of Naples, Italy, for 1896, in which he describes his apparatus and presents three photo-fluoroscopic pictures of the larynx; one with an intubation-tube in position, illustrating a foreign body in the larynx; one with an illustration of a lost intubation-tube found in the trachea and removed April 2, 1896; and a third one showing an intubation-tube which had shifted out of position into the subglottic region.